

<p style="text-align: center;">TOWN OF VIENNA, VIRGINIA ADMINISTRATIVE REGULATIONS</p>		
<p><u>Subject:</u> ACCIDENT REPORTING PROCEDURE WORKER'S COMPENSATION INJURIES</p>	<p><u>Regulation No:</u> 2.23</p>	<p><u>Effective Date:</u> December 15, 2008</p>
	<p>Supersedes: May 29, 2008</p>	

I. PURPOSE

All on-the-job injuries, no matter to what degree must be properly reported and documented. The following procedures are to be followed by all Town employees whenever an accident occurs.

II. GENERAL INFORMATION

A. All department heads and supervisors have been provided with copies of the reporting procedures. It is the responsibility of these supervisors and department heads to maintain this information in a usable and readily accessible manner.

B. The Director of Administrative Services is responsible for any amendments that need to be made to these procedures. Any changes in these operating procedures will be made in writing by the Director of Administrative Services upon receiving the approval of the Town Manager.

1. Any request by a department head or supervisor to amend these procedures must be submitted in writing to the Director of Administrative Services.

2. The Director of Administrative Services will respond back in writing to each of these requests, regardless of whether or not the requested change was implemented.

C. These instructions for reporting any on-the-job injury apply to all Town employees in all instances. Every supervisor and department head is responsible for explaining to his/her employees the accident reporting procedure and the penalties for failing to comply with it. Failure to follow these instructions may result in disciplinary action as detailed in the Town of Vienna's Administrative Regulations.

D. Questions concerning the above policies are to be addressed to the Director of Administrative Services. Only the Town Manager and the Director of Administrative Services may exempt an employee from following these procedures.

III. DOCUMENTATION

A. All department heads and supervisors have been provided with a copy of the on-the-job injury accident reporting policy and the applicable forms. Additional copies may be obtained by contacting the Administrative Services Office.

B. All supervisors and department heads must submit as outlined below the related forms. The Administrative Services Office is then responsible for the timely submission of all applicable reports to the Town's insurance carrier.

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IV. ACCIDENT REPORTING PROCEDURES:

A. ACCIDENTS WHICH OCCUR DURING NORMAL DAYTIME SHIFT

1. As soon as the injury occurs, the employee notifies his/her supervisor.
 - a. **ALL ACCIDENTS ARE TO BE REPORTED TO THE SUPERVISOR IMMEDIATELY, WHETHER OR NOT THE EMPLOYEE CHOOSES TO SEEK MEDICAL TREATMENT. In all cases, the employee must complete the EMPLOYEE'S REPORT OF AN ON-THE-JOB INJURY form and the supervisor must complete the SUPERVISOR'S REPORT OF AN ON-THE-JOB INJURY form. Both forms are to be submitted to the Administrative Services office by the start of the next working day.**
2. The supervisor then informs the Administrative Services Office that the injury occurred.
 - a. **WHETHER OR NOT THE EMPLOYEE WISHES TO RECEIVE MEDICAL ATTENTION FOR THE INJURY, THE Administrative Services OFFICE MUST BE IMMEDIATELY NOTIFIED OF THE INCIDENT.**
3. If a **MAJOR** injury occurs, immediately transport the employee to Urgent Medical Care or the nearest health care provider.
 - a. If necessary, obtain an ambulance by dialing 911.
 - b. The Administrative Services Office will then telephone the health care facility and authorize medical treatment.
4. If a **MINOR** injury occurs, transport the employee to the Administrative Services Office.
 - a. The employee selects a treatment facility by completing the **PANEL OF PHYSICIANS** form.
 - b. This office will then authorize treatment by completing **EMERGENCY MEDICAL TREATMENT AUTHORIZATION** and attaching it to the **PHYSICIAN'S REPORT**.
 - c. These forms are then given to the employee to present to the health care provider.

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5. The employee is then transported to the medical care facility.
6. Upon conclusion of the treatment, the employee returns to the Administrative Services Office.
 - a. He/she brings back to this office **PHYSICIAN'S REPORT**.
 - b. The individual then completes **EMPLOYEE'S REPORT OF AN ON-THE-JOB INJURY**.
7. If the employee has been given a prescription, authorization must be obtained from the Administrative Services Office to have it filled.
 - a. **AUTHORIZATION TO CHARGE PRESCRIPTION** slip is then prepared by the Administrative Services Office.
 - (1) This authorization is valid only for the day on which it is issued.
 - (2) If the employee needs to have the prescription refilled, he/she must again obtain authorization from the Town's worker's compensation provider.
8. If the employee is sent to a specialist for further treatment, the Administrative Services Office will provide the employee with a panel list of specialty physicians and the employee then selects a doctor from the Town's physicians list.
 - a. After each visit to the treating physician or specialist, the employee must submit an updated **PHYSICIAN'S REPORT** to the Administrative Services Office on the status of his/her condition.
9. Any time off from work for medical reasons due to the on-the-job injury must be authorized in writing by the treating physician and submitted to the Administrative Services Office.
 - a. Immediately upon being released to return to work by the physician, the employee must notify the Administrative Services Office.
10. Upon notification of the accident, the supervisor shall investigate the incident and submit to the Administrative Services Office **SUPERVISOR'S REPORT OF AN ON-THE-JOB INJURY** by the start of the next working day.

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11. The Administrative Services Office then completes the online report and submits all related documents to the Town's insurance carrier.

B. ACCIDENTS WHICH OCCUR DURING EVENING AND WEEKEND SHIFTS

1. As soon as the injury occurs, the employee immediately notifies his/her supervisor.
 - a. **ALL ACCIDENTS ARE TO BE REPORTED TO THE SUPERVISOR IMMEDIATELY, WHETHER OR NOT THE EMPLOYEE WISHES TO SEEK MEDICAL TREATMENT. In all cases, the employee must complete the EMPLOYEE'S REPORT OF AN ON-THE-JOB INJURY form and the supervisor must complete the SUPERVISOR'S REPORT OF AN ON-THE-JOB INJURY form. These forms are then submitted to the Administrative Services office the morning of the next regular work day.**
2. If a **MAJOR** injury occurs, immediately transport the employee to Urgent Medical Care or the nearest health care provider.
 - a. If necessary, obtain an ambulance by dialing 911.
 - b. The supervisor may telephone the medical center to authorize treatment or he/she may accompany the employee to the provider.
3. If a **MINOR** injury occurs, the employee shall immediately notify his/her supervisor.
 - a. The employee selects a treatment facility by completing the **PANEL OF PHYSICIANS** form.
 - b. The supervisor may telephone the medical center to authorize treatment or he/she may accompany the employee to the provider. The employee is given **PHYSICIAN'S REPORT** to present to the medical care facility. It is to be returned to the Administrative Services Office.
 - c. If the supervisor accompanies the employee, authorization may be given in person.
4. If the employee is given a prescription, **AUTHORIZATION TO CHARGE PRESCRIPTION** slip should be issued by the supervisor.
 - a. The authorization is only valid for the day on which it was issued.
 - b. If an employee needs to have the prescription refilled at a later date, he/she

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must obtain authorization from the Town's worker's compensation provider.

5. Upon his/her return, the employee shall notify the supervisor as to the results of the medical examination.

a. Any time off from work for medical reasons must be authorized in writing by **PHYSICIAN'S REPORT**.

b. If the employee is sent to a specialist for further treatment, the Administrative Services Office will provide the employee with the **PANEL OF PHYSICIANS** form for specialty physicians and the employee can select a doctor from this list.

c. After each visit to the treating physician or specialist, the employee must submit an updated **PHYSICIAN'S REPORT** to the Administrative Services Office.

6. The employee then completes **EMPLOYEE'S REPORT OF AN ON-THE-JOB INJURY**.

a. This form must be completed in all circumstances, regardless of whether or not the employee sought medical treatment.

b. This form must be submitted to the supervisor by the end of the current shift.

c. The supervisor then transmits **EMPLOYEE'S REPORT OF AN ON-THE-JOB INJURY** to the Administrative Services Office by the next working day.

7. The supervisor then completes **SUPERVISOR'S REPORT OF AN ON-THE-JOB INJURY** and submits his/her report to the Administrative Services Office by the next working day.

8. The Administrative Services Office then completes the online report and submits all related documents to the Town's insurance carrier.

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V. APPLICABLE DOCUMENTS

On-the-Job Injury Action Checklist During Normal Working Day; (AS 2.23-1)

On-the-Job Injury Action Checklist During Evenings and Weekends; (AS 2.23-2)

Employee's Report of an On-the-Job Injury; (AS 2.23-3)

Supervisor's Report of an On-the-Job Injury (AS 2.23.4)


Physician's Report (AS 2.23-5)

Panel of Physicians (AS 2.23-6)

Provided separately to authorized personnel:

Emergency Medical Treatment Authorization

Authorization to Charge Prescription

<p><i>Signature of Town Manager:</i></p>	<p><i>Date:</i></p>
	<p>12-10-09</p>